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9 **BEFORE THE**
10 **BOARD OF REGISTERED NURSING**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

Case No. 2008-127

14 **SANDRA ELLEN C. HATMAN**
2924 Clifford Lane
15 Yuma, Arizona 85364

A C C U S A T I O N

16 Registered Nurse License No. 582430
Nurse Practitioner License No. 12488

17 Respondent.
18

19 Ruth Ann Terry, M.P.H., R.N ("Complainant") alleges:

20 **PARTIES**

21 1. Complainant brings this Accusation solely in her official capacity as the
22 Executive Officer of the Board of Registered Nursing ("Board"), Department of Consumer
23 Affairs.

24 **License Histories**

25 2. On or about June 26, 2001, the Board issued Registered Nurse License
26 Number 582430 ("license") to Sandra Ellen C. Hatman ("Respondent"). The license will expire
27 on January 31, 2009, unless renewed.

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3. On or about June 28, 2001, the Board issued Nurse Practitioner License Number 12488 ("license") to Respondent. The license will expire on January 31, 2009, unless renewed.

STATUTORY PROVISIONS

4. Section 2750 of the Business and Professions ("Code") provides, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 (commencing with Code section 2750) of the Nursing Practice Act.

5. Code section 2764, in pertinent part, that the expiration of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or to render a decision imposing discipline on the license. Under Code section 2811, subdivision (b), the Board may renew an expired license at any time within eight years after the expiration.

6. Code section 118, subdivision (b), provides that the suspension, expiration, surrender, or cancellation of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued or reinstated.

7. Code section 2761 states, in pertinent part:

The board may take disciplinary action against a certified or licensed nurse or deny an application for a certificate or license for any of the following:

(a) Unprofessional conduct, which includes, but is not limited to, the following:

(4) Denial of licensure, revocation, suspension, restriction, or any other disciplinary action against a health care professional license or certificate by another state or territory of the United States, by any other government agency, or by another California health care professional licensing board. A certified copy of the decision or judgment shall be conclusive evidence of that action.

COST RECOVERY

8. Code section 125.3 provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or

1 violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation
2 and enforcement of the case.

3 **CAUSE FOR DISCIPLINE**

4 **(Out-of-State Discipline)**

5 9. Respondent is subject to disciplinary action under Code section 2761,
6 subdivision (a)(4), on the grounds of unprofessional conduct, in that Respondent's Arizona
7 Registered Nursing License and Advanced Practice Certificate were disciplined by the Arizona
8 State Board of Nursing ("Arizona Board"). In the case entitled, *In the Matter of Professional*
9 *Nurse License No. RN 088769 and Advanced Practice Certificate No. AP 1438 Issued to: Sandra*
10 *E. Hatman*, effective January 21, 2005, the Arizona Board issued Order No. 0407037, placing
11 Respondent's Registered Nurse License No. RN 088769 and Advanced Practice Certificate
12 No. AP 1438 on indefinite suspension. A copy of the Board's Order is attached as **Exhibit A**,
13 and is incorporated herein.

14 **PRAYER**

15 WHEREFORE, Complainant requests that a hearing be held on the matters herein
16 alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

17 1. Revoking or suspending Registered Nurse License Number 582430 issued
18 to Sandra Ellen C. Hatman;

19 2. Revoking or suspending Nurse Practitioner License Number 12488 issued
20 to Sandra Ellen C. Hatman;

21 3. Ordering Sandra Ellen C. Hatman to pay the Board the reasonable costs of
22 the investigation and enforcement of this case pursuant to Code section 125.3; and,

23 4. Taking such other and further action as deemed necessary and proper.

24 DATED: 10/10/07


25 
26 RUTH ANN TERRY, M.P.H., R.N.
27 Executive Officer
28 Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

EXHIBIT A
(Arizona Board Consent Agreement and Order No. 0407037)

BEFORE THE ARIZONA STATE BOARD OF NURSING

IN THE MATTER OF PROFESSIONAL)
NURSE LICENSE NO. RN088769 AND)
ADVANCED PRACTICE CERTIFICATE NO.)
AP1438)
ISSUED TO:)
SANDRA E. HATMAN)
RESPONDENT)

RECEIVED A.S.B.N.
2005 JUN -9 PM 12:35
CONSENT AGREEMENT
AND
ORDER NO.
0407037

CONSENT AGREEMENT

A complaint charging Sandra E. Hatman (hereinafter "Respondent") with violation of the Nurse Practice Act has been received by the Arizona State Board of Nursing (hereinafter "Board"). In the interest of a prompt and speedy settlement of the above-captioned matter, consistent with the public interest, statutory requirements and the responsibilities of the Board, and pursuant to A.R.S. § 41-1092.07 (F)(5), the undersigned parties enter into this Consent Agreement as a final disposition of this matter:

Based on the evidence before it, the Board makes the following Findings of Fact and Conclusions of Law:

FINDINGS OF FACT

1. Respondent holds Board issued professional nurse license no. RN088769 and advanced practice certificate no. AP1438.
2. In or about October 2001, Respondent began employment in the Neonatal Intensive Care Unit (NICU) at Yuma Regional Medical Center (YRMC), Yuma, Arizona.
3. On or about July 13, 2004, Respondent, at the request of her supervisor, self-reported to the Board that she tested positive for Restoril (Temazepam) and Darvocet (Propoxyphene) on a urine drug screen on or about June 22, 2004, at YRMC. Respondent

reported that her medications had been adjusted and she had been unable to sleep. Her physician had advised her to take two Restoril tablets. She took the first tablet at the "normal time" (at bedtime) but the second one at five a.m. Respondent stated that with no sleep and the Restoril taken at five a.m., she appeared at work the morning of June 22, 2004, with slurred speech, unsteady gait, and bloodshot eyes. Her employer thought she was impaired and had her call the Board to self-report. Respondent further reported she had a bipolar disorder for which she was taking multiple medications and that she was also taking Darvocet for knee pain secondary to a torn meniscus. Respondent reported that she had prescriptions for all medications that she was taking. Respondent denied abusing her prescription medications and stated that she did not have multiple prescriptions from multiple physicians for medications. Respondent declined participation in CANDO (Confidential, non-disciplinary program for impaired nurses).

4. According to Respondent's 2004 pharmacy profiles from YRMC and Kachina Pharmacies, Respondent was receiving prescriptions for psychotropic medications and controlled substances from more than one provider during the same time period and refilled prescriptions for Darvocet and Restoril early. Respondent asserts she refilled the prescriptions early because she lost her medications.

5. On or about July 19, 2004, Pamela Dallabetta, RN, Administrative Director, YRMC, reported that on June 22, 2004, Respondent reported for a skills lab in the conference room at YRMC and was noted to have bloodshot eyes, slurred speech, and to stagger when she walked. Respondent voluntarily submitted to a urine drug test and was placed on investigatory leave pending the results. The drug test was positive for Propoxyphene and Benzodiazepines (Oxazepam and Temazepam). Respondent provided proof of prescription. Respondent was

requested to undergo a third party evaluation due to concerns that the combination of medications she was taking while providing care in NICU was cause for concern.

6. In a July 9, 2004, letter to Rodney R. Nelson, PhD, from Barbara Biro, RN, NP, COHNS, YRMC Coordinator of Employee Health Service, Biro outlined YRMC's concerns about Respondent's ability to function safely and fully within the scope of her job description. Biro raised concerns about polypharmacy because of Respondent's use of multiple providers who may not have been aware of the totality of medications being prescribed to Respondent. Biro also raised concerns that Respondent altered her medication regimen by taking additional medication at inappropriate times. Biro attached to her letter a July 1, 2004, summary of concerns that was authored by Dallabetta.

7. In the July 1, 2004, summary of concerns noted above, Dallabetta described the events of June 22, 2004. Dallabetta also provided a history of her interactions with Respondent since her date of hire:

- In late July/early August 2002, Respondent did not report to work for several days, so Dallabetta went to Respondent's home with a chaplain to check on her. Respondent was found in her nightclothes with her home in total disarray. There were numerous empty bottles of wine on the floor beside the recliner where Respondent was sitting. Respondent admitted she was drunk and depressed. Respondent was convinced to get dressed and she was taken to Dr. Bapu Afuri's office who arranged psychiatric inpatient admission.
- Over the next several months, Respondent experienced side effects

and returned to Dr. Aluri frequently for medication adjustments. On several occasions Respondent came to work despondent and non-communicative, walking zombie-like with little affect.

- About six months after the first episode, Respondent called in sick and her speech was noted to be slurred. Dallabetta and a friend of Respondent's from the NICU went to the hotel where Respondent was found intoxicated. Respondent was taken home by her friend to regain her sobriety. (Respondent asserts that a colleague remained with Respondent for two days while Respondent regained her sobriety).
- In the fall of 2003, Respondent, while functioning as a nurse practitioner, was on call in-house. When called in by staff, it was noted that Respondent's hands were shaky and her speech was slurred. Respondent reported that she had taken a sleeping pill since her medications caused insomnia. (Respondent asserts that she indicated this was a side effect of her medications).
- In January 2004, Dallabetta counseled Respondent regarding work expectations, losing her temper with staff, and use of profanity. Dallabetta asked Respondent to resign her position as director of the NICU. Respondent declined and Dallabetta initiated a progressive disciplinary process. Afterwards, Respondent reported to work on time and attended to her work. Until the June 22, 2004 episode, Dallabetta was feeling good about the quality of

Respondent's work. (Respondent disagrees that she was counseled about losing her temper with staff and use of profanity).

8. On or about July 13, 2004, Respondent underwent a Fitness for Duty Evaluation by Rodney Nelson, PhD, Licensed Marriage and Family Therapist. Nelson opined that the June 22, 2004 drug screening did not reveal any use of illicit drugs. Nelson stated that Respondent admitted self-medicating with her prescriptions and that Respondent also reported that she had been diagnosed with Depression by her psychiatrist Dr. Bapu Aluri. Nelson opined that Respondent was suffering from significant work and life stressors resulting in intense levels of anxiety and panic causing Respondent to attempt to self-diagnose and self-treat her stress and anxiety reactions. Nelson further opined that Respondent used questionable judgment in treating herself with medications for her depression rendering her unable to function safely and fully while on the job and in her workplace.

9. In a July 15, 2004 letter, Respondent was notified by Dallabetta that she was expected to seek medical treatment and provide evidence of such, and that her commitment to follow through on her treatment program, including the Board's CANDO program, was required.

10. On or about July 16, 2004, during an interview with the Board's intake consultant, Respondent reported she had used alcohol intermittently but had not drunk alcohol since January 7, 2004. Respondent admitted she has a problem with alcohol, and stated that when she gets depressed she stays at home and drinks and does not remember things. Respondent reported that this happened to her at least two times in the past year up to January 2004. Respondent stated she believes she has a high tolerance for alcohol. Respondent also reported episodes of binge drinking before January 7, 2004.

11. In a July 22, 2004 letter from Respondent to Dallabetta, Respondent reported she spoke to an intake consultant and the Impaired Practice Consultant who advised her she was not eligible for admission into the CANDO program as the medication in question is part of the required treatment for her mental health. Respondent was advised by the Consultant that she could not enter the CANDO program while on prescription narcotic medications. Respondent was offered the CANDO program and declined.

12. On or about July 27, 2004, during an interview with the Impaired Practice Consultant, Respondent reported that she stopped drinking on her own on January 7, 2004, and had no alcohol intake since. Respondent was given 24 hours to decide if she wanted to enter CANDO.

13. On or about July 28, 2004, Respondent called the Impaired Practice Consultant, admitted to binge drinking, and agreed to enter the CANDO program. An intake appointment was scheduled for August 4, 2004.

14. In a July 28, 2004 letter to Respondent, Dallabetta reiterated the expectation that Respondent enter a treatment program with CANDO as a condition of employment. Dallabetta stated her understanding was that Respondent planned to enter into an agreement (with CANDO) on August 4, 2004, and requested her to submit evidence of entry.

15. On or about August 4, 2004, Respondent met with the Impaired Practice consultant. Respondent admitted to episodes of binge drinking between January 2002 and January 2004. Respondent stated did not know if she was an alcohol abuser or dependent in remission. Respondent stated she was willing to see a psychiatrist who specializes in substance abuse for an evaluation. Respondent was given a list of addictionologists and asked to schedule an appointment by August 16, 2004. Respondent was informed that CANDO would

remain open until the evaluation was completed or she declined CANDO. Respondent asserts that she could not pay the \$1000.00 fee charged by the addictionologist, and in October 2004, Respondent sought protection under the Bankruptcy Code – 11 U.S.C. § 101, *et seq.*

16. On or about August 16, 2004, Respondent left a message that an evaluation was not available for 6 weeks, and that in the interim she would see if an addictionologist was available in San Diego.

17. On or about August 20, 2004, during an interview with the Impaired Practice Consultant, Respondent reported that Dr. Aluri did not feel she had substance abuse issues. Respondent declined to have a chemical dependency evaluation and declined CANDO. Respondent asserts that she declined to undergo an evaluation and participation in CANDO in part because her financial situation was unable to accommodate the cost of the evaluation and in part because Dr. Aluri, in a letter addressing the issue, stated that he believed Respondent did not have substance abuse issues.

18. On or about August 30, 2004, Respondent was terminated from YRMC due to failure to submit written evidence that she had entered the CANDO program or had been released by the Board.

19. According to Respondent's medical records from Dr. Bapu Aluri, Respondent was hospitalized for treatment on or about July 9, 2002, with a diagnosis of Bipolar Disorder with possible psychosis. Respondent had worsening depression with episodes of expansive mood, a long history of psychiatric illness, and a history of binge drinking. Psychotropic medications were prescribed. On or about February 14, 2003, Respondent reported depression, drinking alcohol, and missing work. Subsequent follow up visits documented multiple visits and multiple medication adjustments for mood swings, insomnia,

and other side effects of the medications. Respondent reported self-adjusting her Restoril dosage.

20. According to Respondent's medical records from Dorothy Wong, MD, Respondent was receiving prescriptions for psychotropic medications and benzodiazepines from Dr. Wong that were concurrently being prescribed by Dr. Aluri. Respondent also received prescriptions for additional benzodiazepines and muscle relaxants from Dr. Wong. The medical record does not reflect that Dr. Wong and Dr. Aluri were aware of each other's orders.

21. According to Respondent's medical records from Ram Krishna, MD, Dr. Wong referred Respondent to Dr. Krishna, an orthopedist, for complaints of knee pain. Dr. Krishna evaluated Respondent on May 21, 2004, and prescribed Darvocet.

22. In her September 24, 2004 written response to the Board, Respondent stated that she has struggled with depression and approximately two years ago she became severely depressed and drank alcohol at home. Respondent went to a psychiatric hospital and was treated by Dr. Aluri who diagnosed her with bipolar/unipolar disorder with severe depression. Respondent stated she never imbibed at work or on hospital grounds. She further stated that bouts of depression caused her to binge drink.

23. On or about October 19, 2004, during an interview with the Board consultant, Respondent stated she was getting part of her prescriptions from Dr. Aluri and part from Dr. Wong.

24. On or about December 22, 2004, during an interview with the Board consultant, Respondent stated she had been started on a new drug by a new psychiatrist, Dr. Sangvy. Respondent reported she was also still seeing Dr. Aluri. Respondent stated that Dr.

Wong was now prescribing her Darvocet. When requested to get an evaluation, Respondent stated she could not afford it.

25. Respondent asserts that she is no longer receiving treatment from Dr. Aluri. Respondent further asserts that Dr. Wong has assumed responsibility for pain control regarding Respondent's knee injury and that Respondent is no longer using narcotic pain medication for pain control in connection with her knee problem.

CONCLUSIONS OF LAW

Pursuant to A.R.S. §§ 32-1606, 32-1663, and 32-1664, the Board has subject matter and personal jurisdiction in this matter.

The conduct and circumstances described in the Findings of Fact constitute violations of A.R.S. §§ 32-1663 (D) as defined in A.R.S. § 32-1601(16), (d), (e), and (j), and A.A.C. R4-19-403 (12), (13), and (25).

The conduct and circumstances described in the Findings of Fact constitute sufficient cause pursuant to A.R.S. § 32-1664(N) to revoke, suspend or take other disciplinary action against the license of Respondent to practice as a professional nurse in the State of Arizona.

Respondent admits the Board's Findings of Fact and Conclusions of Law.

In lieu of a formal hearing on these issues, Respondent agrees to issuance of the attached Order and waives all rights to a hearing, rehearing, appeal or judicial review relating to the Order except in the limited circumstance(s) specified in Paragraph 6 of Terms of Suspension and Paragraph 9 of Terms of Probation of the Order.

Respondent understands that all investigative materials prepared or received by the Board concerning these violations and all notices and pleadings relating thereto may be retained in the Board's file concerning this matter.

Respondent understands that those admissions are conclusive evidence of a prior violation of the Nurse Practice Act and may be used for purposes of determining sanctions in any future disciplinary matter.

Respondent understands the right to consult legal counsel prior to entering into this Consent Agreement and such consultation has either been obtained or is waived.

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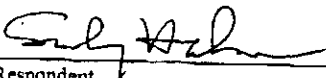
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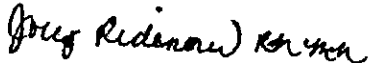
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Respondent understands that this Consent Agreement is effective upon its acceptance by the Board and by Respondent as evidenced by the respective signatures thereto. Respondent's signature obtained via facsimile shall have the same effect as an original signature. Once signed by the Respondent, the agreement cannot be withdrawn and is subject only to the Board's approval. The effective date of this Order is the date the Consent Agreement is signed by the Board and by Respondent. If the Consent Agreement is signed on different dates, the later date is the effective date.


Respondent
Dated: 4/21/05

ARIZONA STATE BOARD OF NURSING


Joey Ridenour, R.N., M.N.
Executive Director

Dated: January 21, 2005

GRADY/RN048769

ORDER

In view of the above Findings of Fact, Conclusions of Law and the consent of Respondent, the Board hereby issues the following Order:

A. Respondent's consent to the terms and conditions of the Order and waiver of public hearing are accepted.

B. Respondent's license is placed on suspension INDEFINITELY with terms and conditions, followed by probation for 36 (thirty-six) months. Prior to termination of probation. Respondent shall work as a professional nurse for a minimum of twelve months, with six of these months being continuous employment (not less than sixteen hours a week), subject to the following terms and conditions.

C. This Order becomes effective upon the Board and the Respondent's acceptance of the Consent Agreement. The effective date is the date the Consent Agreement is signed by the Board and the Respondent. If the Consent Agreement is signed on different dates, the later date is the effective date.

D. If Respondent is noncompliant with any of the terms of the Order, Respondent's noncompliance shall be reviewed by the Board for consideration of possible further discipline on Respondent's nursing license.

E. If Respondent is convicted of a felony, Respondent's license shall be automatically revoked for a period of five years. Respondent waives any and all rights to a hearing, rehearing or judicial review of any revocation imposed pursuant to this paragraph.

F. If Respondent fails to renew her license and it remains expired for two or more years, Respondent's license will automatically be revoked. Respondent waives any and all rights to a hearing, rehearing or judicial review of any revocation imposed pursuant to this paragraph.

G. The suspension is subject to the following terms and conditions:

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TERMS OF SUSPENSION

1. Surrender of License

Respondent agrees to immediately surrender Respondent's license to the Board and will not practice nursing for an indefinite period of time.

2. Renewal of License

In the event the license is scheduled to expire during the term of this Order, Respondent shall apply for renewal of the license, pay the applicable fee, and otherwise maintain qualification to practice nursing in Arizona.

3. Psychiatric/Addictionologist Evaluation

Prior to the termination of Suspension, Respondent shall undergo a Psychiatric/Addictionologist evaluation by a Board-approved Psychiatrist who also specializes in Addiction, and who is certified by the American Society of Addiction Medicine (ASAM), to be scheduled within 15 day and completed within forty-five days of the effective date of the Order. Respondent shall execute the appropriate release of information form(s) to allow the evaluator to communicate information to the Board or its designee. Prior to the evaluation, Respondent shall furnish a copy of this Consent Agreement and Order to include Findings of Fact, Conclusions of Law, and Order to the evaluator who shall verify receipt of the Consent Agreement and Order to include Findings of Fact in a written report on letterhead to the Board. Respondent shall direct the evaluator to provide a report to the Board summarizing the evaluation within thirty days after the evaluation is completed.

The report shall include a history and physical examination, to include but not be limited to, history of chemical use, past and present treatment and/or recovery activities,

relevant laboratory data if appropriate, psychological testing if appropriate, recommendations for treatment, if any, and an assessment as to Respondent's ability to function safely in nursing.

Respondent must complete any and all recommendations made by the evaluator. If treatment or therapy is recommended, Respondent shall, within ten days of the requirement notice, submit to the Board or its designee for prior approval the name and qualifications of treatment facilities and or treatment professionals with appropriate level of expertise of Respondent's choice. Respondent shall within thirty days of the Board's receipt of the evaluator's report, initiate all treatment and or therapy activities. Upon approval of the treatment professional(s), Respondent shall provide a copy of the entire consent agreement, which the treatment professional(s) shall verify in writing on letterhead in their first report to the Board. Respondent shall undergo and continue treatment until the treatment professional(s) determines and reports to the Board in writing and on letterhead, that treatment is no longer considered necessary. Respondent shall have the treatment professional(s) provide written reports to the Board. Such reports are due beginning on the first quarterly reporting date after entry into treatment and quarterly thereafter, according to schedule. The Board reserves the right to amend the Order based upon the recommendations of the evaluator.

4. Psychiatric Treatment

Prior to the termination of suspension, Respondent shall submit to the Board for approval the name of a treatment professional with appropriate level of expertise of Respondent's choice to conduct psychiatric treatment. Within seven days of receipt of approval from the Board, Respondent shall make an appointment to begin participation in treatment. Respondent shall execute the appropriate release of information forms to allow the treatment professional to communicate information concerning Respondent's treatment to the Board or its

designee. Respondent shall also immediately provide a copy of the entire Consent Agreement to the treatment professional. Within 30 days of the effective date of this Order, Respondent shall cause the treatment professional(s) to provide a report to the Board verifying receipt of the consent agreement, and summarizing Respondent's treatment to date including Respondent's diagnosis, any prescribed medication, recommendations for ongoing treatment. Thereafter, Respondent shall cause the treatment professional(s) to provide on Board approved forms, quarterly reports according to the assigned reporting dates throughout the term of the agreement. Respondent shall continue to participate in treatment until the Board is notified in writing by the treatment professional(s) that treatment is no longer necessary. The Board reserves the right to amend the Order based on the recommendations of the treatment professional(s).

5. Rehabilitation Program

If recommended by the evaluator, Respondent shall enter and is required to successfully complete a State licensed chemical dependency rehabilitation program. Upon entry, Respondent shall execute the appropriate release of information form allowing the program to inform the Board of Respondent's entry, participation and progress in and discharge or termination from the program. At the completion of the program, Respondent shall cause the program director to provide the Board with documentation concerning Respondent's completion of the program and recommendations and arrangements for appropriate follow-up.

6. Violation of Suspension

If Respondent violates suspension in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke Respondent's license or take other disciplinary action. If a complaint is filed against Respondent during suspension, the Board

shall have continuing jurisdiction until the matter is final, and the period of suspension shall be extended until the matter is final.

7. Completion of Suspension

Following successful completion of the psychiatric/addictionologist evaluation and compliance with the recommendations made by evaluator, as determined by the Board or its designee, Respondent's license shall be placed on probation for 36 (thirty-six) months. Respondent shall work as a professional nurse for a minimum of twelve months with six of these months being continuous employment (not less than sixteen hours a week) subject to the following terms and conditions:

TERMS OF SUSPENSION AND PROBATION

1. Aftercare Program

If recommended by the evaluator, within seven days of the completion of the rehabilitation program, Respondent shall enter a Board-acceptable chemical dependency aftercare program. Upon entry, Respondent shall execute the appropriate release of information form allowing the program to inform the Board of Respondent's entry into the program. Respondent shall also cause the program to submit to the Board, in writing and on the Board-approved form, evidence of satisfactory participation and progress in the program, as well as discharge or termination from the program. Such reports are due beginning with the first quarterly reporting due date after entry into the Aftercare program, and quarterly thereafter, according to schedule, for the remainder of this Order or until completion of the aftercare program.

2. Relapse Prevention Therapy

If recommended by the evaluator, Respondent shall enter a Board approved Relapse Prevention Therapy Program. Respondent shall immediately execute the appropriate

release of information form(s) to allow the facilitator to communicate information to the Board or its designee, and Respondent shall immediately provide a copy of this Consent Agreement and Order to include Findings of Fact and Conclusions of Law to the facilitator. Within seven days of entering treatment, Respondent shall cause the facilitator to submit to the Board written verification of Respondent's enrollment in the Program, and verification of receipt of Respondent's entire Consent Agreement. Thereafter, Respondent shall cause the facilitator to provide quarterly reports to the Board according to the quarterly reporting schedule assigned to Respondent. Respondent shall continue undergoing treatment until the facilitator provides written notification to the Board, indicating that treatment is no longer needed. The Board reserves the right to amend the Order based on recommendation(s) of treating professional(s).

3. Nurse Recovery Group

If recommended by the evaluator, within seven days of the completion of a Rehabilitation Program, Respondent shall enroll in a Board-acceptable Nurse Recovery Group if a group is available within forty miles. Respondent shall sign release of information forms allowing the group facilitator to inform the Board, in writing and on letterhead, of Respondent's entry and progress in the group. Respondent shall attend a Nurse Recovery Group once per week and have no "Unexcused" absences or "No call/No show" occurrences.

4. Participation in AA/NA

(a) If recommended by the evaluator, within seven days of the effective date of this Order, and throughout the term of this Order, Respondent shall participate at least weekly, or as recommended by the rehabilitation program, in Alcoholics Anonymous, Narcotics Anonymous, or an equivalent program, and shall submit to the Board, in writing on Board-approved forms, quarterly reports which are initiated by their sponsor. The first report is due by

the end of the first month after the effective date of the Order, and quarterly thereafter according to the assigned reporting dates.

(b) Respondent must obtain a temporary sponsor if participating in a twelve-step program within thirty days of the recommendation of the evaluator and a permanent sponsor within sixty to ninety days. Respondent shall maintain a sponsor relationship throughout the terms of this Order.

5. Drug Testing

Within 7 days of the effective date of this Order, Respondent shall enroll in a program that meets Board criteria for random drug testing. Random drug testing shall be done at a minimum of once per month and may be required more frequently as requested by the Board or its designee. Respondent shall notify the drug testing laboratory and the Board, in writing, of unavailability to test before the anticipated absence. If Respondent is unable to submit a specimen on a date requested due to illness, Respondent must provide in writing within 7 days of the missed specimen, documentation from a medical provider who has personally seen Respondent on the day of the requested drug test confirming that Respondent was not physically able to report to the laboratory for drug testing. In addition, any occurrence of the following conditions constitutes noncompliance: a positive drug test showing evidence of any drug other than an authorized drug; submission of a specimen where the integrity has been compromised, as indicated by the presence of adulterants; failure to submit to a drug test on a day when a drug test has been requested by either the Board, its designee, or the laboratory; and submission of a urine sample that is below the acceptable volume or temperature to be tested. A positive drug test showing evidence of any drug other than an authorized drug shall result in immediate notification of Respondent's employer by the Board.

6. Abstain from Alcohol Use

Respondent shall abstain completely from the personal use of alcoholic beverages.

7. Abstain From Unauthorized Drug Use/Proof of Prescription

Respondent shall abstain completely from the personal use or possession of controlled substances, as defined in the State Controlled Substances Act, and dangerous drugs as defined by law, or any drugs requiring a prescription.

Orders prohibiting Respondent from personal use or possession of controlled substances or dangerous drugs do not apply to medications lawfully prescribed to Respondent for a bona fide illness or condition by a medical provider. During the duration of this Order, Respondent shall select one medical provider to coordinate her health care needs and to be aware of all prescriptions utilized by Respondent. Respondent shall immediately submit to that provider a copy of this Consent Agreement and Order to include the Findings of Fact and Conclusions of Law and shall execute all release of information form(s) as required by the Board or its designee. The medical provider shall, within one week of the effective date of the consent agreement, inform the Board, in writing, of knowledge of Respondent's Order and provide a list of medications prescribed for Respondent.

DURING THE DURATION OF THE CONSENT AGREEMENT.

RESPONDENT SHALL CAUSE ALL PROVIDERS TO NOTIFY THE BOARD OF ANY ADDITIONAL MEDICATIONS ORDERED BY THE PROVIDER. THE NOTIFICATION SHALL BE MADE IN WRITING WITHIN ONE WEEK OF THE PROVIDER'S ISSUANCE OF THE PRESCRIPTION.

If Respondent has a lawful prescription for a narcotic or mood-altering drug, Respondent shall cause her prescribing provider to submit monthly reports to the Board by the 30th day of each month regarding the continued need for the prescribed narcotic or mood-altering medications. The Board or its designee may, at any time, request the provider to document the continued need for prescribed medications. Respondent shall keep a written record of medications taken, including over-the-counter drugs, and produce such record upon request by the Board or its designee.

8. One Medical Provider

Within thirty days of the effective date of this Order, Respondent shall submit to the Board for approval the name of one treatment professional of Respondent's choice to conduct medical treatment for Respondent. Within seven days of receipt of approval from the Board Respondent shall make an appointment to begin participation in treatment. Respondent shall immediately execute the appropriate release of information form(s) to allow the treating professional(s) to communicate information to the Board or its designee, and Respondent shall immediately provide a copy of the entire Consent Agreement to all treating professional(s). Within seven days of the beginning of treatment, Respondent shall cause any and all treating professional(s) to provide written verification of enrollment in treatment and verifying receipt of the consent agreement. Thereafter, Respondent shall cause any and all treating professional(s) to provide quarterly reports to the Board according to the quarterly reporting schedule assigned to Respondent. Respondent shall continue undergoing treatment until the treating professional(s) notify the Board, in writing on letterhead, that treatment is no longer needed. The Board reserves the right to amend the Order based on recommendation(s) of treating professional(s).

9. One Pharmacy/Pharmacy Profiles

Throughout the duration of this Order, Respondent shall use only one pharmacy from which to obtain her prescriptions. Within 30 days of the effective date of the Order, Respondent shall submit in writing to the Board the name of every pharmacy and/or facility from which Respondent is currently obtaining prescription medications, and shall submit the name of the pharmacy from which she chooses to obtain future prescriptions. Throughout the duration of the Order, Respondent must inform the Board in writing within 7 days of any additions or changes in pharmacies from which Respondent obtains medications. Respondent shall submit a copy of all pharmacy profiles to the Board on a quarterly basis according to the assigned reporting due dates, and upon request from the Board or its designee. The first report shall be due on the first quarterly due date after the effective date of this Order.

10. Release of Information Forms

Respondent shall immediately execute all release of information forms as may be required by the Board or its designee.

11. Interview With the Board or Its Designee

Respondent shall appear in person or if residing out of state telephonically for interviews with the Board or its designee upon request at various intervals and with reasonable notice.

12. Change of Employment/Personal Address/Telephone Number

Respondent shall notify the Board, in writing, within one week of any change in nursing employment, personal address or telephone number.

13. Obey All Laws

Respondent shall obey all federal, state and local laws, and all laws/rules governing the practice of nursing in this state. Offenses such as driving under the influence may

subject Respondent to further disciplinary action, however, commission of minor civil traffic violations are excluded.

14. Costs

Respondent shall bear all costs of complying with this Order.

15. Voluntary Surrender of License

Respondent may, at any time this Order is in effect, voluntarily request surrender of her license.

TERMS OF PROBATION

1. Stamping of License

Upon successful completion of the terms of suspension, as determined by the Board or its designee, Respondent shall be issued a license stamped "PROBATION." While this Order is in effect, if the Board issues any certificates or licenses authorized by statute, except a nursing assistant certificate, such certificate or license shall also be stamped "Probation." Respondent is not eligible for a multistate "Compact" license.

2. Notification of Practice Settings

Any setting in which Respondent accepts employment, which requires RN licensure, shall be provided with a copy of the entire Order on or before the date of hire. Within seventy-two hours of Respondent's date of hire, Respondent shall cause her immediate supervisor to inform the Board, in writing and on employer letterhead, acknowledgment of the supervisor's receipt of a copy of this Consent Agreement and Order and the employer's ability to comply with the conditions of probation. In the event Respondent is attending a nursing program, Respondent shall provide a copy of the entire Consent Agreement and Order to the Program Director. Respondent shall cause the Program Director to inform the Board, in writing

and on school letterhead, acknowledgment of the program's receipt of a copy of the Consent Agreement and Order and the program's ability to comply with the conditions of probation during clinical experiences.

3. Quarterly Reports

Within 7 days of each assigned quarterly reporting due date, if Respondent is working in any position which requires RN licensure Respondent shall cause every employer Respondent has worked for during the quarter to provide to the Board, in writing, employer evaluations on the Board-approved form. The first report is due on the first assigned quarterly report due date after the effective date of the Order. Receipt of notice of an unsatisfactory employer evaluation, verbal or written warning, counseling or disciplinary action any of which pertain to patient care practice issues, or termination from a place of employment shall be considered as noncompliance with the terms of the Order. In the event Respondent is not working in a position, which requires RN licensure, or attending school during any quarter or portion thereof, Respondent shall provide to the Board, in writing, a self-report describing other employment or activities on the Board-approved form. Failure to provide employer evaluations/or self-reports within 7 days of the reporting date shall be considered as noncompliance with the terms of the Order.

4. Practice Under On-Site Supervision

If Respondent is practicing as a Registered Nurse she shall only practice under the on-site supervision of a professional nurse in good standing with the Board. If Respondent practices as a Nurse Practitioner, Respondent shall only practice under the on-site supervision of a nurse practitioner in good standing with the Board or a physician who is licensed in Arizona and in good standing with their licensing Board. On-site supervision is defined as

having a professional nurse, nurse practitioner or physician present in the building while Respondent is on duty. This professional nurse, nurse practitioner or physician shall have read the Respondent's Consent Agreement and Order to include Findings of Fact and Conclusions of Law and they shall provide input on Respondent's employer evaluations to the Board. This supervisor shall be primarily one person, who may periodically delegate to other qualified personnel, who shall also have read this Consent Agreement and Order to include Findings of Fact, Conclusions of Law. In the event that the assigned supervisor is no longer responsible for the supervision required by this paragraph, Respondent shall cause her new supervisor to inform the Board, in writing and on employer letterhead, acknowledgment of the new supervisor's receipt of a copy of this Consent Agreement and Order to include the Findings of Fact and Conclusions of Law and the new supervisor's agreement to comply with the conditions of probation within ten days of assignment of a new supervisor.

5. Acceptable Hours of Work

Respondent shall work only the day or evening shift. Evening shift is defined as a shift that ends prior to midnight. Within a 14-day period Respondent shall not work more than 84 scheduled hours.

Respondent may work three 12-hour shifts in one seven day period and four 12-hour shifts in the other seven-day period, but Respondent may not work more than 3 consecutive 12-hour shifts during this probationary period. Respondent shall not work 2 consecutive 8-hour shifts within a 24-hour period or be scheduled to work 16 hours within a 24-hour period.

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6. Registry Work Prohibited

Respondent may not work for a nurse's registry, home health, traveling nurse agency, and any other temporary employing agencies, float pool, or position that requires on-call status.

7. Out-Of-State Practice/Residence

Before any out-of-state practice or residence can be credited toward fulfillment of these terms and conditions, they must first be approved by the Board prior to leaving the state. If Respondent fails to receive such approval before leaving the state, none of the time spent out of state will be credited to the fulfillment of the terms and conditions of this Order.

8. Renewal of License

In the event the license is scheduled to expire during the term of this Order, Respondent shall apply for renewal of the license, pay the applicable fee, and otherwise maintain qualification to practice nursing in Arizona.

9. Violation of Probation

If Respondent is noncompliant with this agreement in any respect, the Board staff may notify the Respondent's employer of the noncompliance. Additionally, the Board may revoke probation and take further disciplinary action for noncompliance with this agreement after affording Respondent notice and the opportunity to be heard. If a complaint or petition to revoke probation is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

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BOARD OF REGISTERED NURSING

OCT 4 2007

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10. Voluntary Surrender of License

Respondent may, at any time this Order is in effect, voluntarily request surrender of her license.

11. Completion of Probation

When Respondent has nine months left in the probationary period, Respondent's compliance will be reviewed by the Board's designee. If Respondent has demonstrated full compliance with all terms of the Order, Respondent will be eligible to participate in a "step-down" component of the Order where reports from AA and Nurse Recovery Group will no longer be required, and Respondent shall submit to "on-call" urine drug screens as requested by the Board or its designee. At the end of the Probationary period, the Respondent shall request formal review by the Board, and, after formal review by the Board, Respondent's nurse license may be fully restored by the appropriate Board action if compliance with the Board Order has been demonstrated.

ARIZONA STATE BOARD OF NURSING

SEAL



Joey Ridenour, R.N., M.N.
Executive Director

Dated: January 21st, 2005

JR/KG:jt

COPY mailed this 4th day of February 2005, by First Class Mail to:

SANDRA E. HATMAN
2924 CLIFFORD LANE
YUMA, AZ 85364

By: 

Legal Secretary/NPC

FAXED COPY this 3rd day of March 2005 to:

John E. Drazkowski
Jardine Baker Hickman Houston
3300 N. Central Ave Suite 2600
Phoenix, AZ 85012

COPY mailed this 3rd day of March 2005, by First Class Mail to:

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SANDRA E. HATMAN
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